

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 86

Place of Birth MIAMI

County GILA

No. _____ St. _____

SEX OF CHILD*		Twin Triplet or other?	}	and	}	Number in order of birth
FEMALE						
DATE OF BIRTH*		FEB.	2	1923		
		(Month)	(Day)	(Year)		
FULL* NAME		FATHER JOSE GUZMAN				
FULL* MAIDEN NAME		MOTHER LIBRADA MARTINEZ				

I HEREBY CERTIFY that the child described herein has been named

CANDIDA GUZMAN

(Give name in full)

(Surname)

Catarino A. Cruz

(Parent's Signature) (UNCLE)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

375-202-349